

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

FORMAL COMPLAINT

Illinois Commerce Commission
527 E. Capitol Avenue
Springfield, Illinois 62701

For Commission Use Only:

Case: 06-0603

ORIGINAL

Regarding a complaint by (Person making the complaint): Edward Davenport ^{A little bit} ~~of~~ Heaven

Against (Utility name): Peoples Gas Light and Coke Co.

As to (Reason for complaint) Extremely high Gas bill over the
periods of MAY 2005 to Present 09-01-06

in Chicago Illinois.

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My mailing address is

11321 So. Wentworth

The service address that I am complaining about is

11321 So. Wentworth

My home telephone is

(713) 264-5332

Between 8:30 A.M. and 5:00 P.M. weekdays. I can be reached at

(713) 851-9052

(Full name of utility company) Peoples Gas Light & Coke Co. (respondent) is a public utility and is subject to the provisions of the Illinois Public Utilities Act.

In the space below, list the specific section of the law, Commission rule(s), or utility tariffs that you think is involved with your complaint.

Section 200.170

CHIEF OF CLERK'S OFFICE
2006 SEP - 5 10:19
Illinois Commerce Commission

Have you contacted the Consumer Services Division of the Illinois Commerce Commission about your complaint?

☒ Yes ☐ No

Has your complaint filed with that office been closed?

☐ Yes ☒ No

Please state your complaint briefly. Number each of the paragraphs. Please include time period and dollar amounts involved with your complaint. Use an extra sheet of paper if needed.

we have A \$19,000.00 dollar GAS bills From periods of May 2005 to Present. we are disputing this bill because of several reasons. we had A paid in full GAS bill for \$15,000.00 + And it was paid in full IN July 1, 2005. before winter set in we had A \$15,000.00 bill And as of Sept 1, 2006 we have A \$19,000.00 Bill again. This is A homeless shelter And we are not A Restaurant. Cooking 24hrs A day.

Please clearly state what you want the Commission to do in this case:

That service not be disconnected until All evidence has been given And All parties are satisfied.

Date:

09-01-06

(Month, day, year)

Complainant's Signature

Edward Davenport

If an attorney will represent you, please give the attorney's name, address, and telephone number.

You need to file the original with the Commission. Also, provide one copy for each utility complained about (referred to as respondents).

VERIFICATION

A notary public must witness the completion of this part of the form.

I, Edward Davenport

first being duly sworn, say that I have read the above petition and know what it says. The contents of this petition are true to the best of my knowledge.

(Signature) Edward Davenport

Subscribed and sworn/affirmed to before me on (month, day, year)

9/1/2006

Barbara J. Mitchell
Notary Public, Illinois

OFFICIAL SEAL
BARBARA J MITCHELL
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 04-31-07

NOTE: Failure to answer all of the questions on this form may result in this form being returned without processing. If you have questions, please call the counselor in the Consumer Services Division that handled your informal complaint.